

**Duke Addictions Program  
Triply Diagnosed Program  
Durham, North Carolina  
TI14386**

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**B&D ID**

22102

## **PROJECT DESCRIPTION**

**Expansion or Enhancement Grant**—Expansion and enhancement

**Program Area Affiliation**—Reducing Disparities (Women of Color)

**Congressional District and Congressperson**—North Carolina 4; David E. Price

**Public Health Region**—IV

**Purpose, Goals, and Objectives**—The three goals of the proposed project are to (1) encourage minority populations to enter substance abuse and/or HIV treatment by ensuring that modalities of service are culturally appropriate, (2) develop and support an interdisciplinary team approach to the treatment of HIV positive persons with concurrent substance abuse disorders, and (3) improve health outcomes for minority substance-using populations by increasing their access to HIV and substance abuse treatment services. (page 11)

**Target Population**—The target populations of this intervention will include (1) African American women, including women who have children, (2) African American men who inject drugs, including men who have sex with men (MSM) and at-risk, non-injecting MSM, and (3) African American men and women who have been released from prisons and jails within the last 2 years. (page 10)

**Geographic Service Area**—The proposed project provides services to HIV-infected people in the Raleigh-Durham metropolitan statistical area (Durham, Orange, Chatham, and Franklin County). (abstract)

**Drugs Addressed**—Drugs addressed are not specified.

**Theoretical Model**—Intervention (abstract)

**Type of Applicant**—Private university

## **SERVICE PROVIDER STRUCTURE**

**Service Organizational Structure**—Duke University is a private, not-for-profit university. (page 30)

**Service Providers**—The service providers include Duke University; DUMC, a not-for-profit, academic hospital; UNC-CH, a public university hospital; and the Early Intervention Clinic, a health department-based satellite site of the federally funded Lincoln Community Health Center. (page 30)

**Services Provided**—The services to be provided are (1) screening, assessment, and diagnosis of substance abuse disorders, (2) rapid initiation of treatment when appropriate, (3) provision of pre-treatment services until client reaches stage of readiness at which he or she can enroll in treatment, (4) provision of aftercare follow-up to ensure continued success and to facilitate care for substance abuse disorders throughout the HIV treatment course, and (5) integration of care between substance abuse professionals and HIV service providers. (abstract)

**Service Setting**—The integrated services will be provided at centrally located HIV primary and specialty care clinics by interdisciplinary teams. (abstract)

**Number of Persons Served**—Duke Addictions Program will treat 400 additional patients over the next 5 years. (abstract)

**Desired Project Outputs**—The desired project outcome is to implement an increase in access to culturally sensitive substance abuse and HIV prevention and treatment services. (abstract)

**Consumer Involvement**—The existing triply diagnosed program has a 10-person client advisory board that meets to evaluate and inform programmatic implementation. The board will offer feedback on proposed treatment approaches. It will continue to provide direction during the proposed program. Clients completing the program are invited to join the CAB. (page 19)

## **EVALUATION**

**Strategy and Design**—The tools will be administered at point of intake into the program and at 6- and 12-month intervals. The clinic-based therapist will work closely with medical clinic staff to follow up with all clients completing baseline interviews. The goal is the completion of follow-up interviews on at least 80 percent of all clients receiving baseline interviews. (page 21)

**Evaluation Goals/Desired Results**—Anticipated outcomes include treatment effectiveness (i.e., percentage of clients in fair or poor health treated for physical and mental conditions) and treatment efficacy (utilization, retention, and completion of program at 12 months). (page 23)

**Evaluation Questions and Variables**—Evaluation variables will include health status, self-sufficiency, social support, alcohol use, and drug use. (page 22)

**Instruments and Data Management**—ASI-Lite and GPRA. (page 21)